

Fairbanks North Star Borough

Solid Waste Division

455 Sanduri Street

Fairbanks, Alaska 99701

(907) 459-1482 FAX (907)459-1017

Email: solidwaste@fnsb.us

REQUEST TO USE SOLID WASTE FACILITIES

All requests for disposal of solid waste generated <u>outside</u> the FNSB must be coordinated **through** and expressed in **writing** to the Solid Waste Manager. All requests <u>exceeding</u> 25 tons per month must be **approved** by the Mayor; if longer than 60 days, **concurred** by the Assembly.

Please complete the Requestor's Information section and return this form to the above address by email, mail, or fax. The request is forwarded to the Mayor's Office for a decision.

Requests are **not** in effect until you receive confirmation from the Solid Waste Manager.

REQUESTOR'S INFORMATION				
Name:	Phone:	Er	mail/Fax:	
Company:	City, S	State, Zip:		
What types of material (s) and qu	uantities in tons will be brought to th	ne solid waste facili	ity?	
How will the materials be transpo	orted to the solid waste facility? WI	no will transport the	em?	
When will the materials be broug	ght to the solid waste facility and ov	er what time period	1?	
SOLID WASTE MANAGER USE ONLY - Recommendation to accept solid waste The material meets the conditions of the Borough's ADEC Solid Waste Permit? The solid waste can be safely and efficiently disposed at the solid waste facility? The solid waste will not significantly impact the capacity of the solid waste facility? There will be no harm to the borough or the borough solid waste facility? Recommendation to accept solid waste?			Yes / Yes / Yes / Yes /	No No No No No
Comment:				
MAYOR'S OFFICE USE ONLY	REQUIRED IF WASTE EXCEEDS	S 25 TONS PER M	ONTH.	
Borough Mayor	Approve	Disapprove	Da	ites
FNSB ASSEMBLY'S USE ONL	Y - REQUIRED IF DISPOSAL FOR	R LONGER THAN (60 DAYS.	
Presiding Officer	Approve	Disapprove	D	ates
	ATION ATTENDANT r the above project. Please enter d Reference:	ata as follows:		
Bill to:	Origin:	Note 2:		
(Grid:	Material:		